



Herbs for Health and Fun Club
Scholarship
Application
\$300 Scholarship



Type/print the information requested and use additional sheets of paper if necessary. You and your parents/guardian must sign this form.

Date: _____

Phone Number: _____

Title page:

1. Name : _____
(Last) (First) (Middle)

2. Parent's name: _____
(Last) (First) (Middle)

3. Address: _____
(Street) (City) (Zip code)

4. High School : _____ Principal : _____

Address: _____ Telephone: _____

5. Age: _____ Birth date: _____ Sex: _____ Graduation Date: _____

6. Father's Occupation/business address: _____

7. Mother's Occupation/business address: _____

8. Name / address of Guardian if other than mother/father: _____

9. Name of College you plan to attend: _____

10. Are you a member of/ or related to a member of Herbs for Health and Fun Club?

11. If yes... Name of Member _____

12. If not a member, list name (s) of member that you are related to, _____

Part Two:

Essay to include these items, but not limited to:

- Career Objectives
- Reason for choosing this career
- Leadership, offices held and extra-curricular activity during the past two years
- Prizes, awards, honors, scholarships and other recognitions received.
- List paid work experiences and volunteer work experiences
- Letter of reference from someone other than school personnel or teacher/or parents /guardian.
- Include a recent photo

Essay is not to be less than 300 words or no more than 500 words.

I certify that to the best of my knowledge all information included in this application and essay is true and correct and I, applicant, am solely responsible for preparation of the essay. I hereby grant permission for the Selection Committee to contact my high school to verify any and all information on this application.

Signature of Applicant

Signature of Parent/Guardian

If Graduating High School Student, complete the following. If not request a copy of your transcript from the last educational institution attended is submitted to the Selection Committee to be added to this application.

Please have the appropriate school official fill in the information and attach a high school transcript with the application.

Signature / Title of School Official

Date

Please return by April 1, 2012 to:
Jefferson County Extension Office
% Herbs for Health and Fun Club
4618 Broadway
Mt. Vernon, Illinois 62864

Marked:
Herbs for Health and Fun Club Scholarship